

Seminar, December 2, 2016

tDCS-methodology, application and available results

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Content

- > Methodology
- > Application
- > Results
 - Basic
 - Clinical
 - Sleep

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Methodology: the (DC-)stimulator

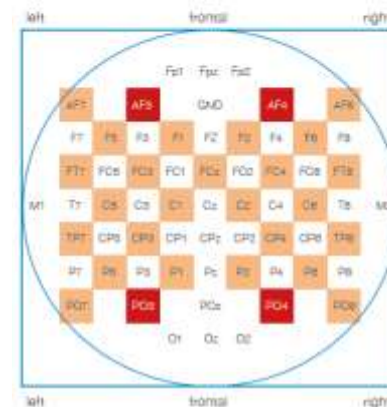
- > 1 anode, 1 cathode (standard)
- > Triggering possible
- > Placebo-controlled
- > Double-blind design possible
- > tACS possible
- > MR-compatible
- > Current strength: < 2.0 mA (ECT: < 900 mA)



High-Definition-tDCS

HD tDCS-EEG **wave**guard cap

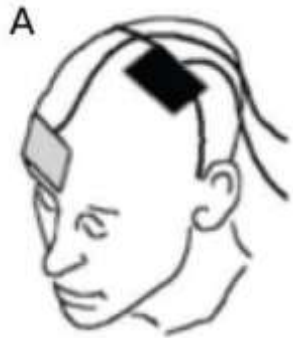
- > Up to 29 tDCS-Electrodes
- > Only for research



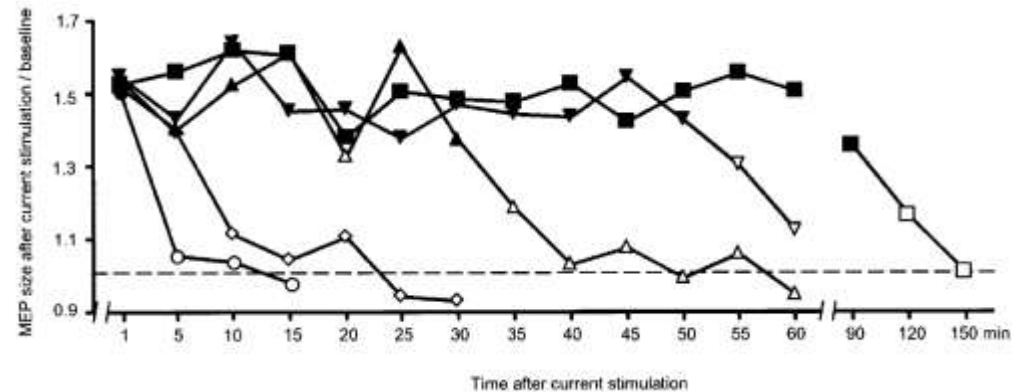
tDCS Principle

- > Modulation of spontaneous neuronal activity
- > **Anodal** stimulation: increase of the membrane's resting potential → depolarisation
Increase of the cortical excitability
- > **Cathodal** stimulation: decrease of the membrane's resting potential → hyperpolarisation
Decrease of the cortical excitability

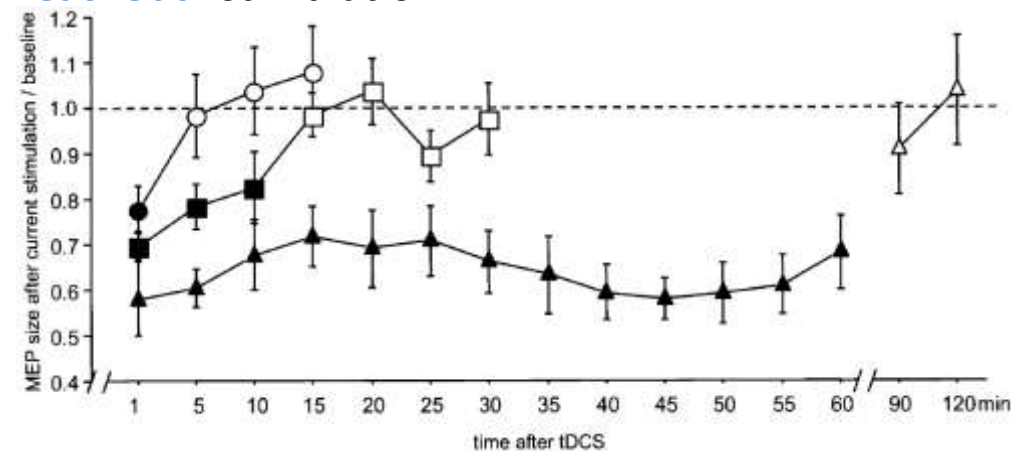
Anodal vs. Cathodal polarisation



Anodal stimulation

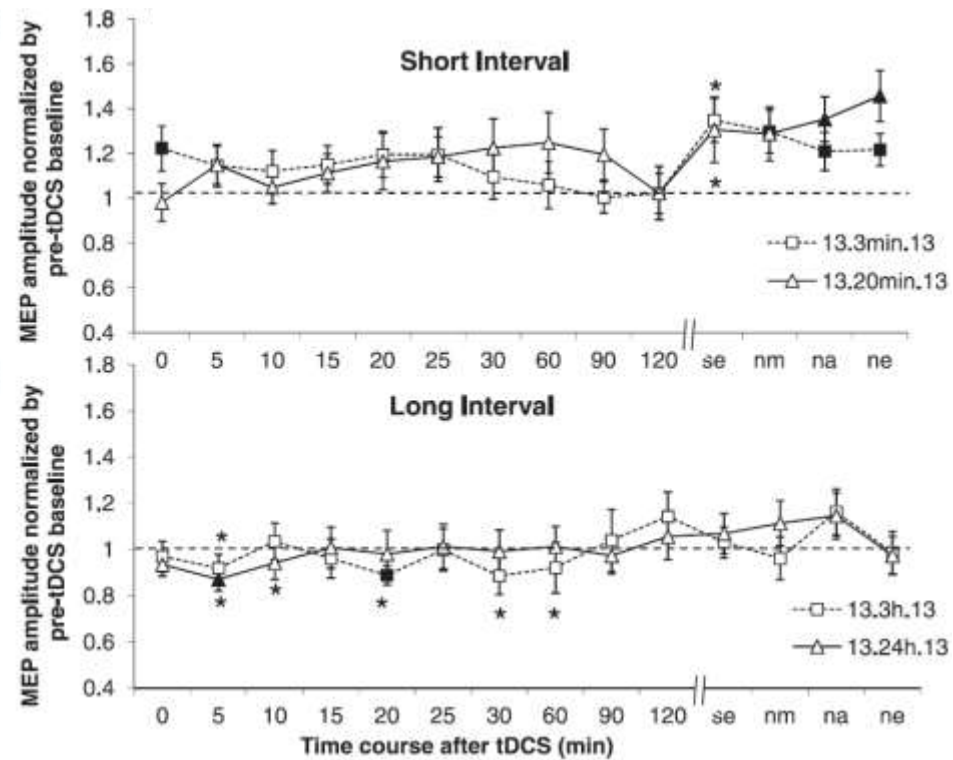
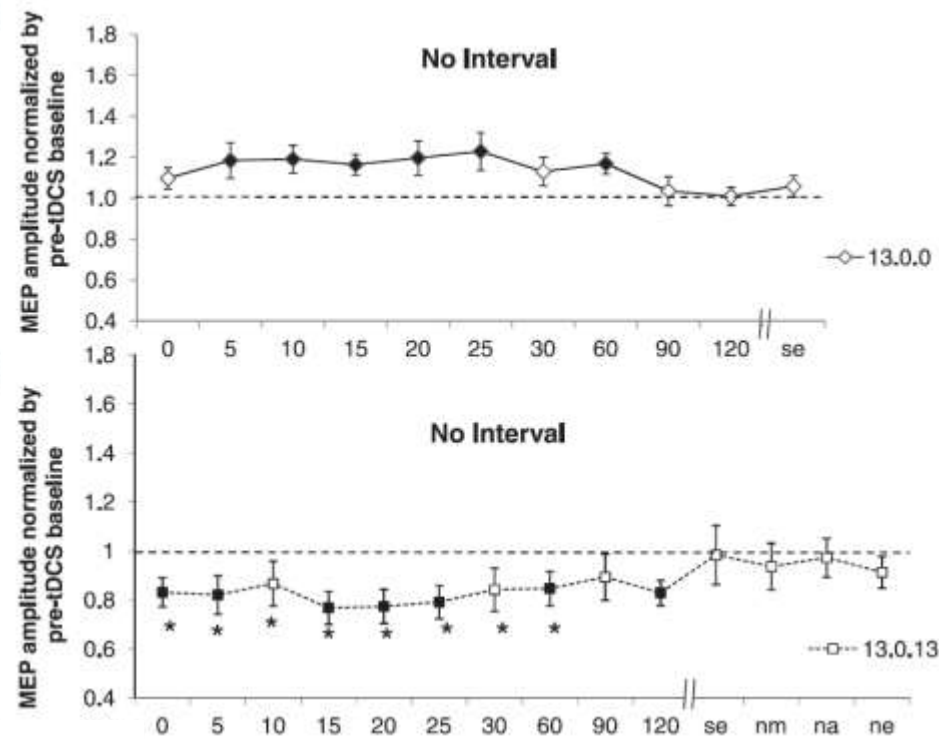


Cathodal stimulation



Nitsche & Paulus (2001) *Neurology* / Nitsche et al. (2003) *Clin Neurophysiol*

Aftereffects



Monte-Silva et al. (2013) *Brain Stim*

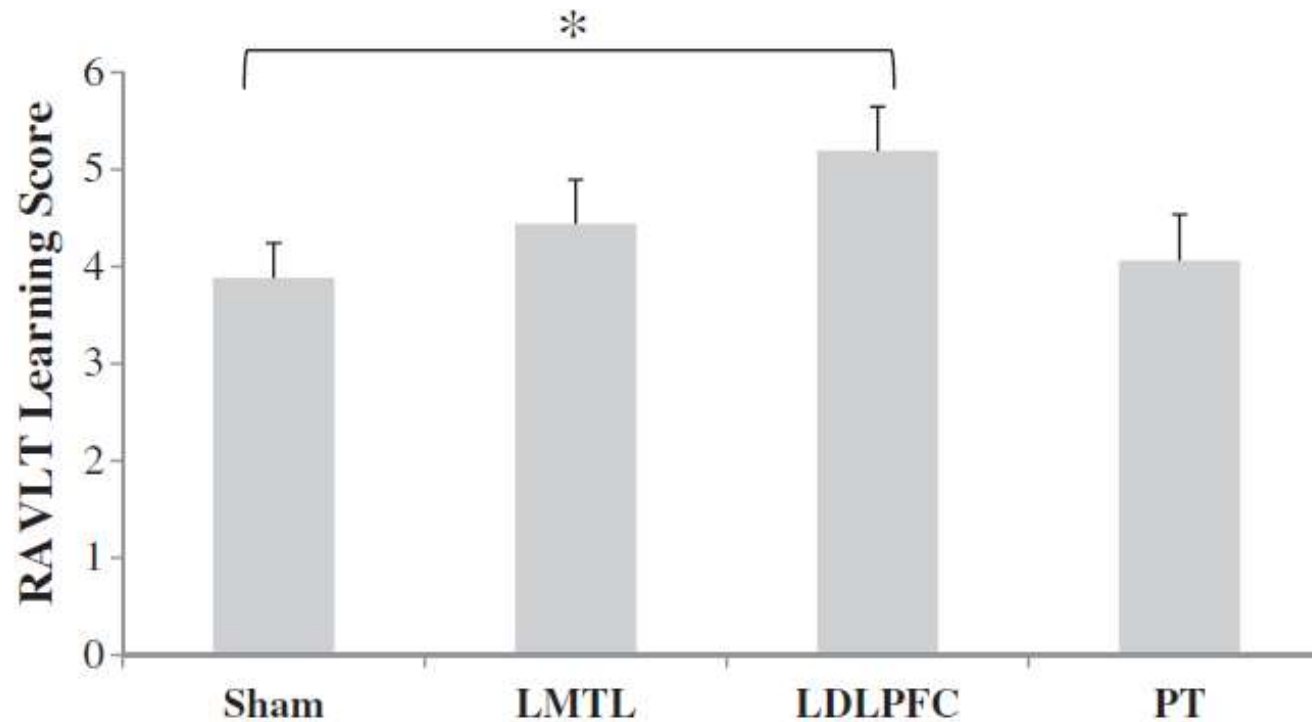
tDCS application

- > Guidelines:
 - Nitsche, Liebetanz, et al. (2003) *Clin Neurophysiol*
 - Poreisz, Boros, Antal, & Paulus (2007) *Brain Res Bull*
 - Woods, Antal, Bikson, et al. (2016) *Clin Neurophysiol*

Requirements

- > Hypothesis
- > Electrode location
- > Anodal/cathodal stimulation
- > Stimulation protocol (duration, sequence)
- > Electrode type
- > Contact medium

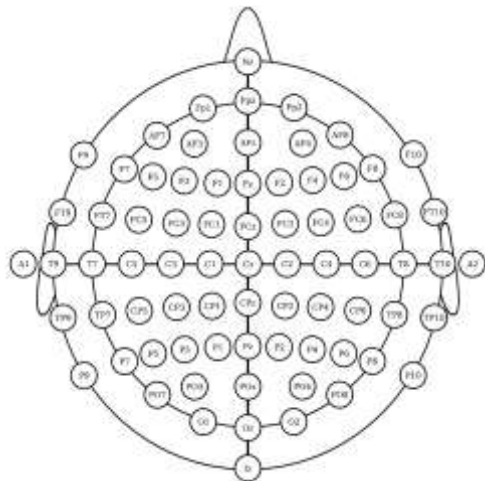
Stimulation model simulation



Reproducibility

> Electrode placement / preparation

International 10-20 system



Neuro-navigation



Physiology-based (works only for motor or other primary cortices)

> Contact medium:

- avoid oversaturation (NaCl-liquid)
- control constant amount (e.g. syringes)

tDCS side-effects

- > Occasional side-effects:
 - headache
 - vertigo
 - fatigue
 - nausea
 - tingling/burning sensation under the electrodes



Palm et al. (2008) *Brain Stim*

Promising results

The Journal of Neuroscience, November 3, 2004 • 24(44):9985–9992 • 9985

Behavioral/Systems/Cognitive

Transcranial Direct Current Stimulation during Sleep Improves Declarative Memory

Lisa Marshall, Matthias Mölle, Manfred Hallschmid, and Jan Born
Institute of Neuroendocrinology H23a, University of Lübeck, 23538 Lübeck, Germany

nature

Vol 444 | 30 November 2006 | doi:10.1038/nature05278

LETTERS

Boosting slow oscillations during sleep potentiates memory

Lisa Marshall¹, Halla Helgadóttir¹, Matthias Mölle¹ & Jan Born¹

Disillusioning results

Brain Stimulation 9 (2015) 730–739



Contents lists available at ScienceDirect

Brain Stimulation

journal homepage: www.brainstimjrnf.com



Boosting Slow Oscillatory Activity Using tDCS during Early Nocturnal Slow Wave Sleep in Older Adults

Sven Paßmann^{a,b,*},
Ulrike Grittner^{c,d}, Sfrontiers
in Aging NeuroscienceORIGINAL RESEARCH
published: 14 December 2015
doi: 10.3389/fnagi.2015.00230^a Department of Neurology, Charité
^b NeuroCare Cluster of Excellence,
^c Department for Biomechanics and
^d Center for Stroke Research, Charité
^e Department of Psychology, Free U

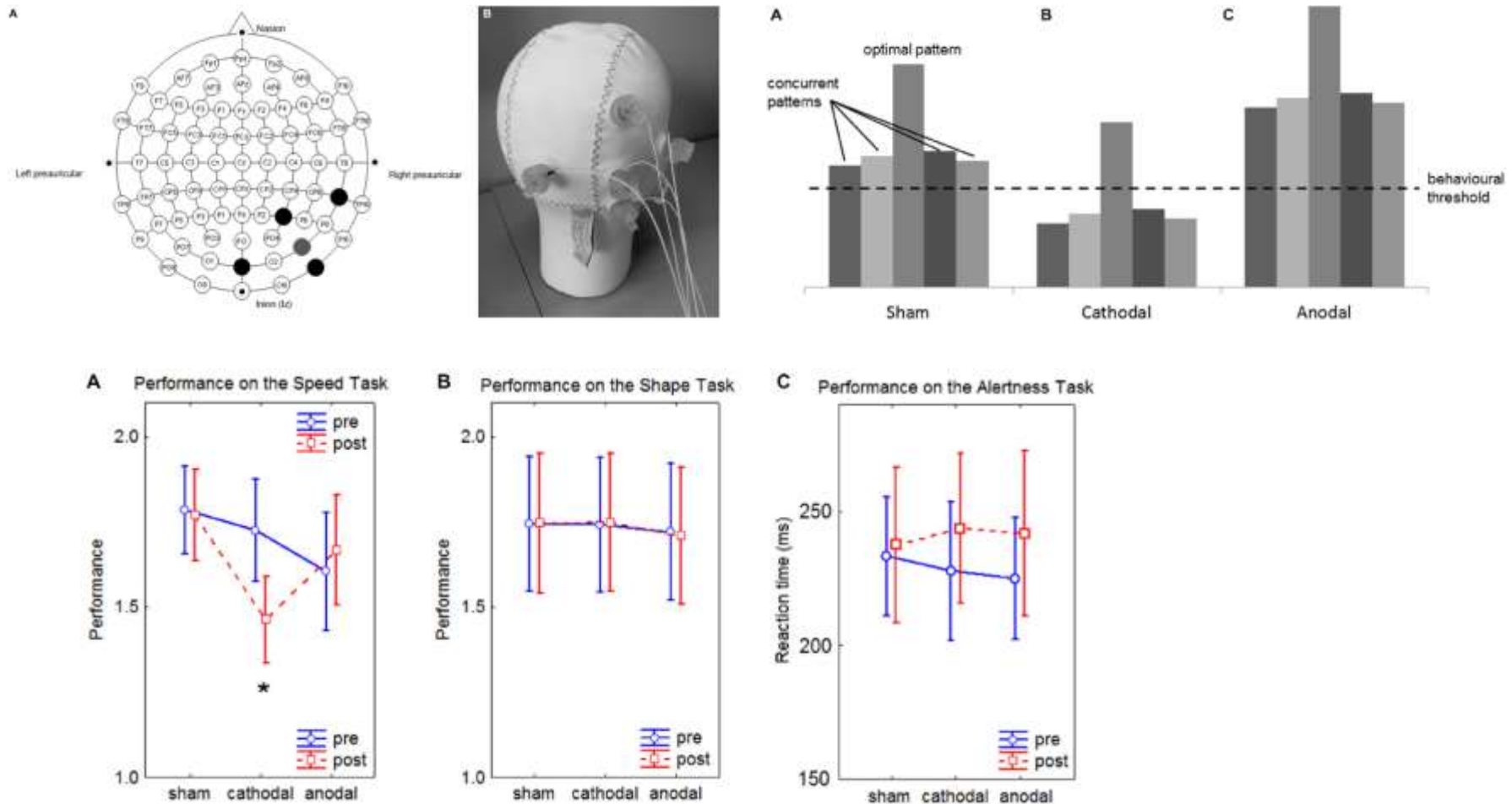
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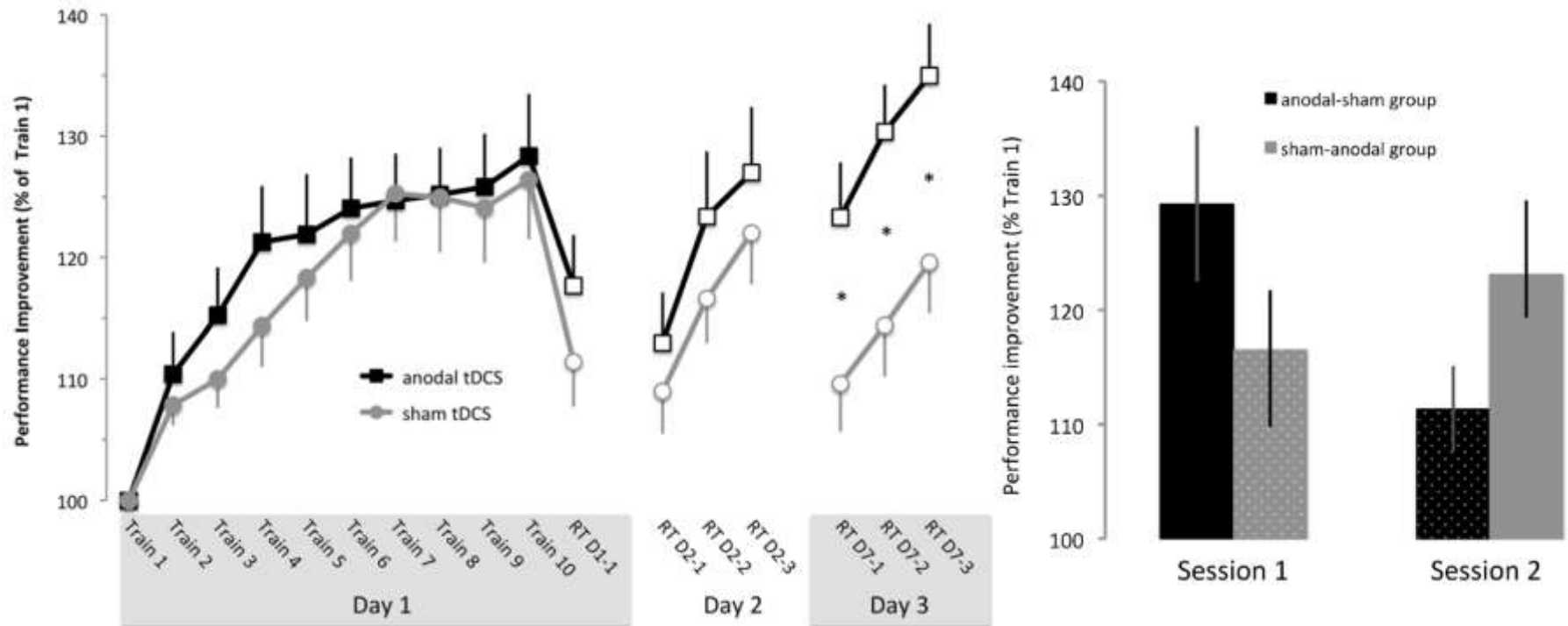
No Significant Effect of Prefrontal tDCS on Working Memory Performance in Older Adults

Jonna Nilsson^{a,*}, Alexander V. Lebedev^a and Martin LövdénAging Research Center, Karolinska Institutet and Stockholm University, Stockholm, Sweden
CONTROLLED CROSSOVER STUDYGregory L. Sahlem^{a,*}, Bashar W. Badran^{a,d}, Jonathan J. Halford^b, Nolan R. Williams^{a,b}, Jeffrey E. Korte^c,
Kimberly Leslie^a, Martha Strachan^a, Jesse L. Breedlove^d, Jennifer Runion^a, David L. Bachman^b,
Thomas W. Uhde^a, Jeffery J. Borckardt^a, Mark S. George^{a,b,d,e}^a Department of Psychiatry, Medical University of South Carolina, 67 President St., 502N, Charleston, SC 29425, USA^b Department of Neurology, Medical University of South Carolina, 96 Jonathan Lucas St., C5B 301, Charleston, SC 29425, USA^c Department of Public Health Sciences, Medical University of South Carolina, 135 Cannon Street Suite 303, MSC 835, Charleston, SC 29425-8350 USA^d Department of Neurosciences, Medical University of South Carolina, 68 President St., BE 101, MSC 501, Charleston, SC 29425, USA^e Ralph H. Johnson VA Medical Center, 109 Bee Street, Charleston, SC 29401, USAent Stimulation
Not Improve
nized Sham

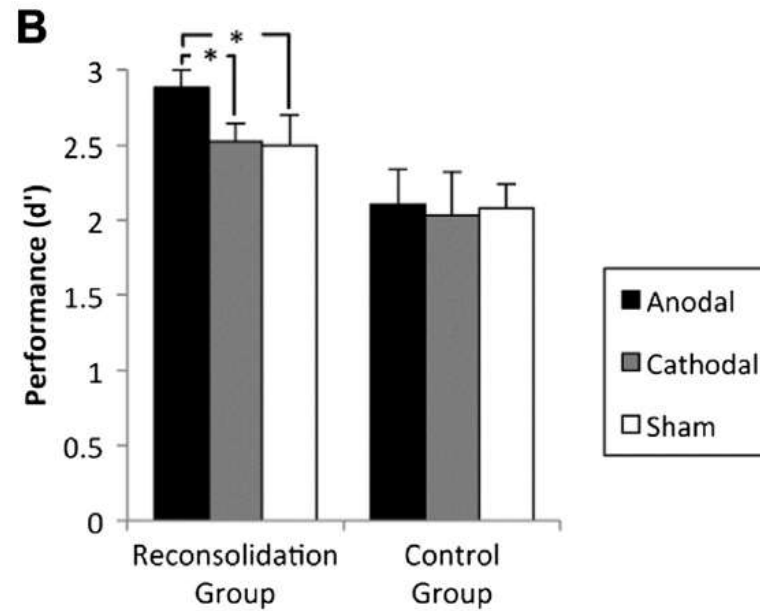
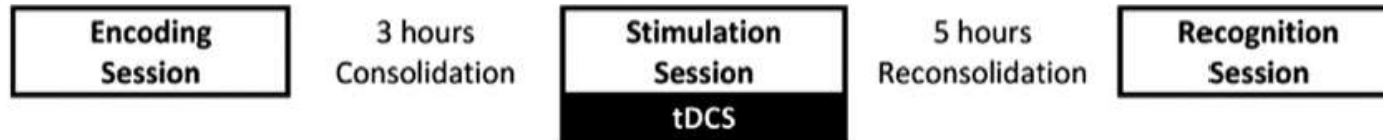
tDCS-induced inhibition as a boost for focused perception?



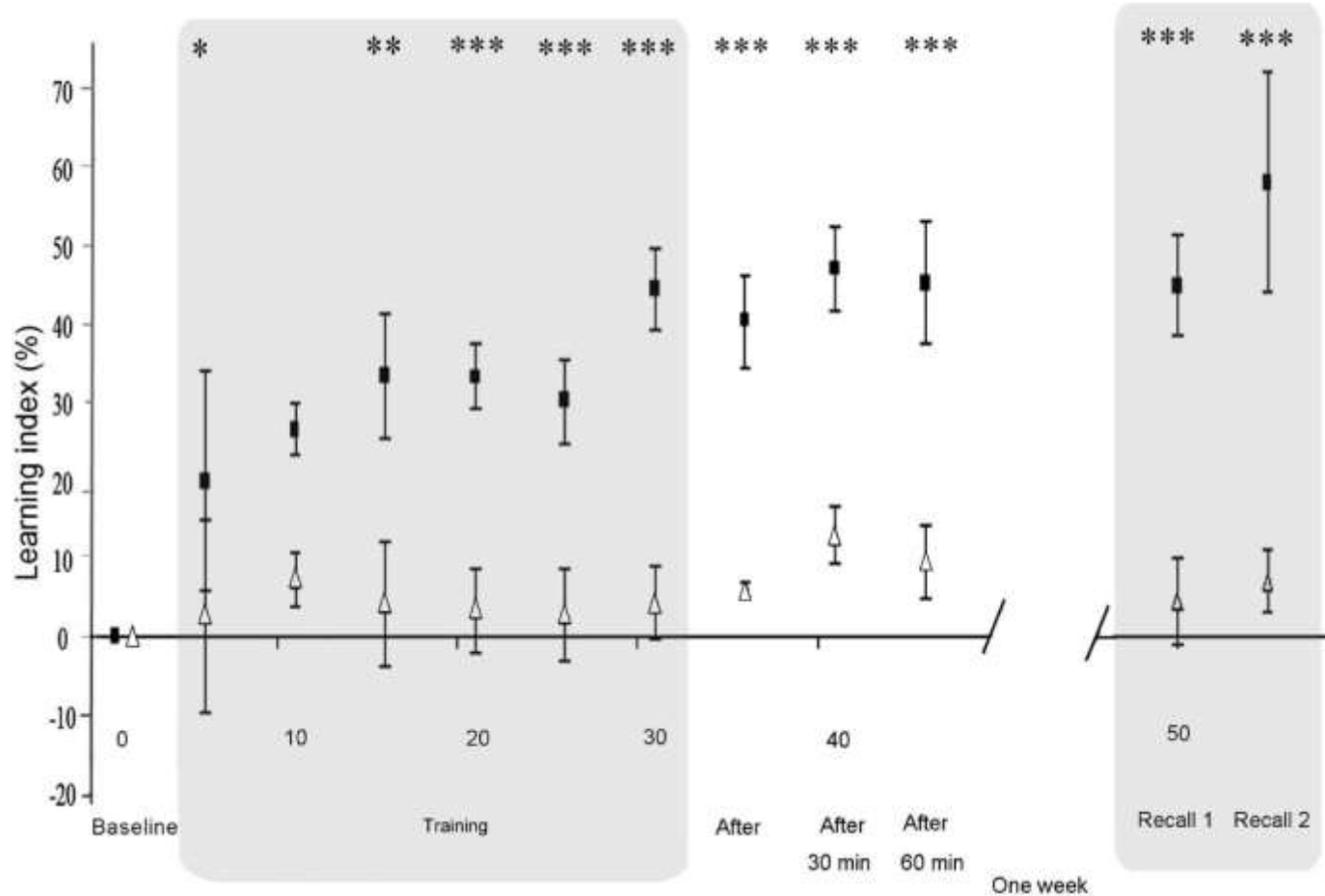
tDCS-moderated plasticity



tDCS and memory consolidation

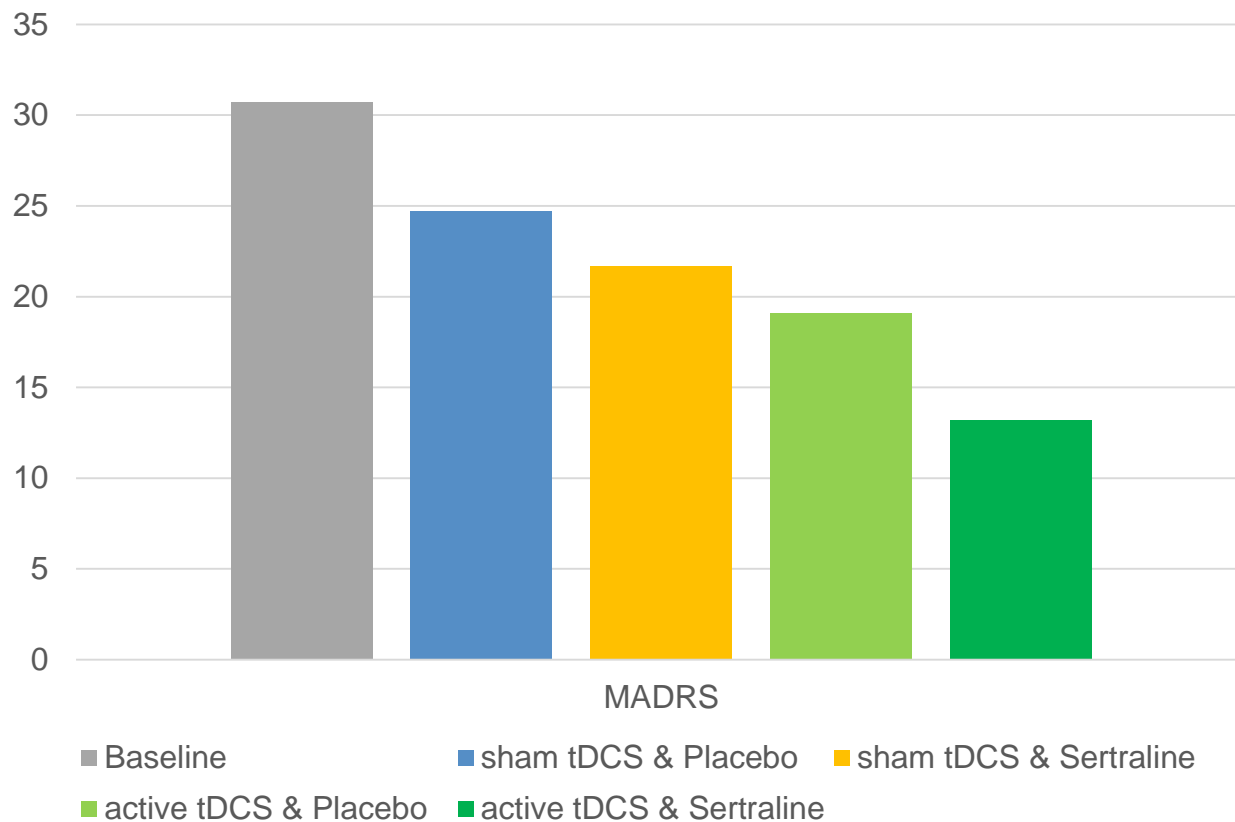


Enhancing motor skills in stroke patients



tDCS in depression

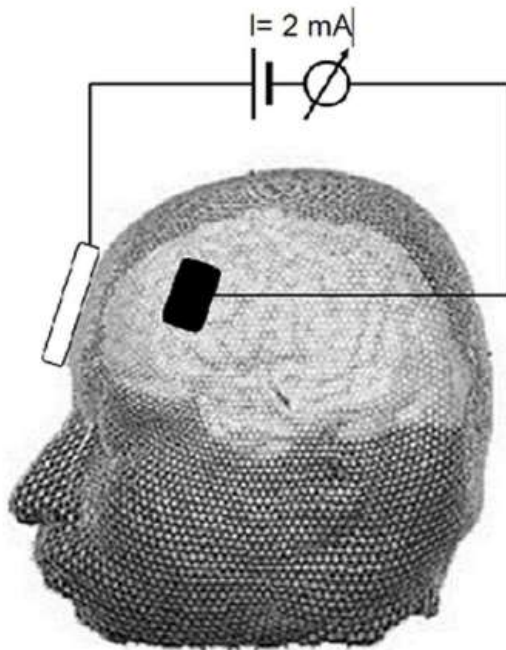
- > Dependent variable: Montgomery-Asberg Depression Rating Scale (MADRS)



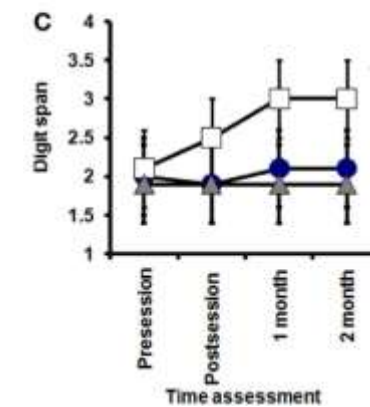
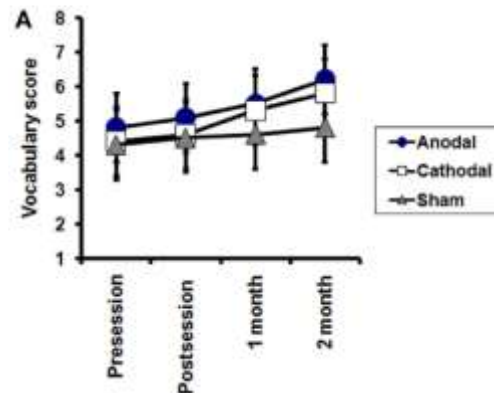
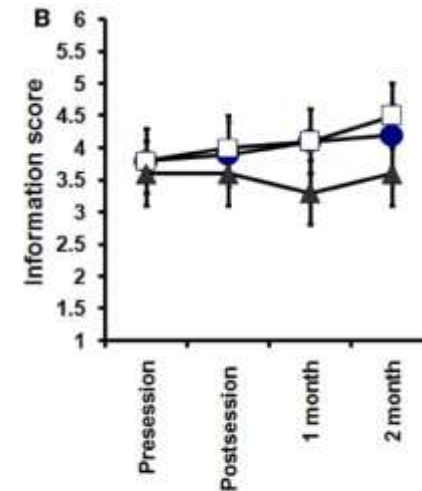
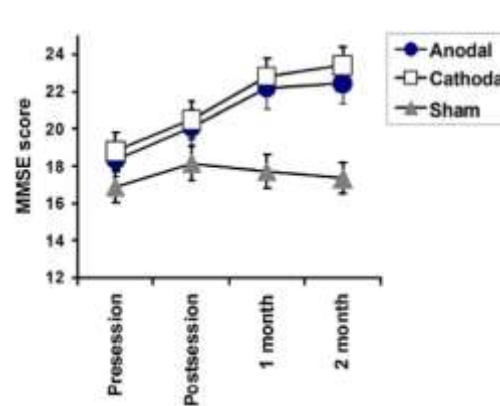
Brunoni et al. (2013) *JAMA Psychiatry*

tDCS and cognition in Alzheimer's disease

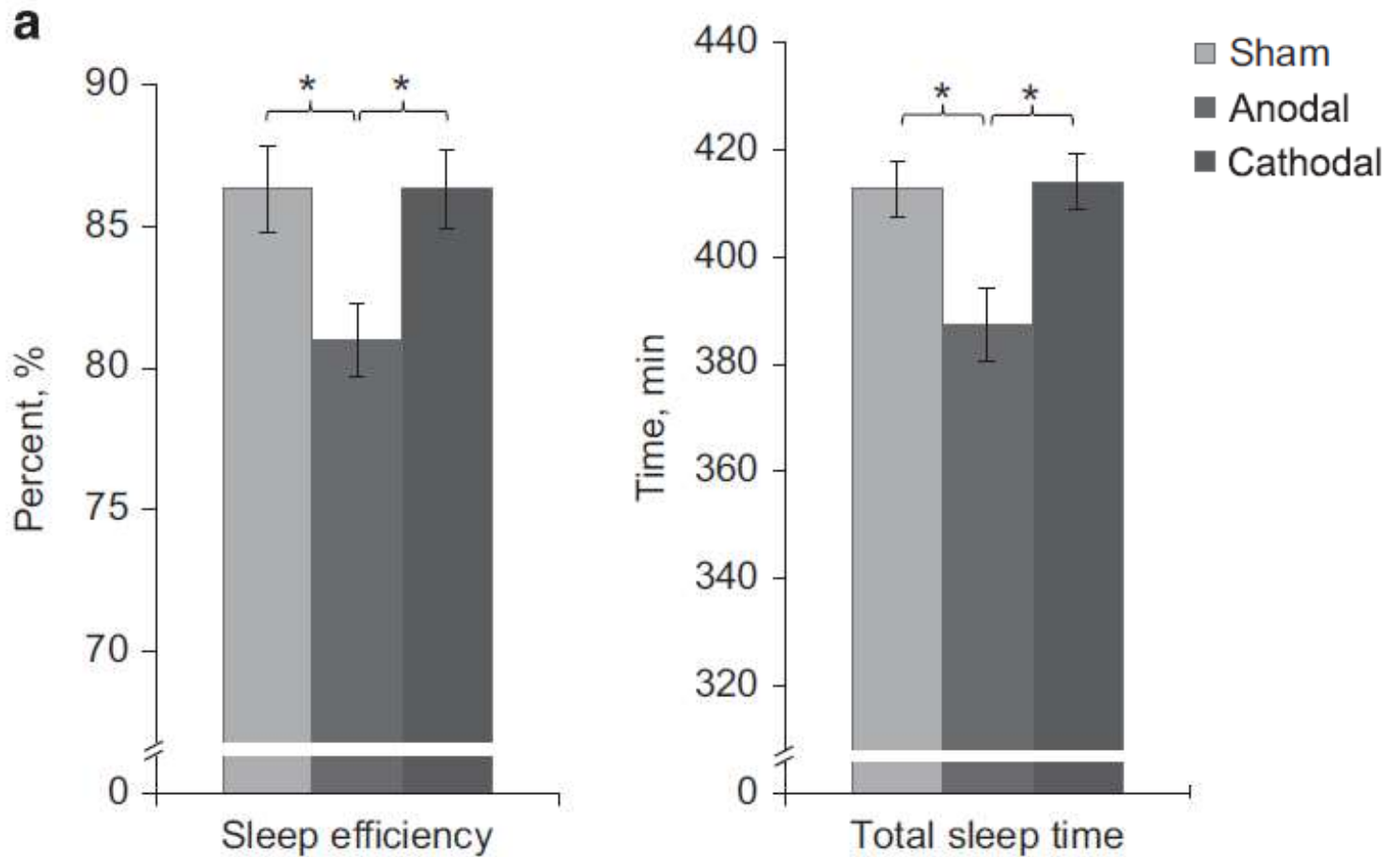
A tDCS of the DLPFC



B Mini Mental State Examination



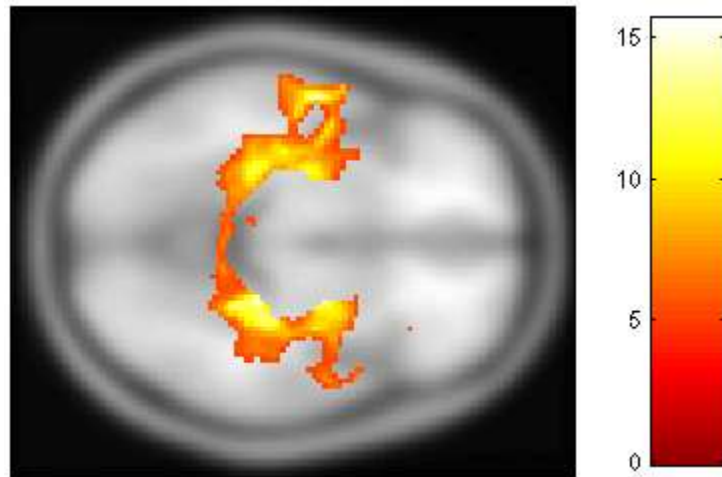
tDCS and sleep



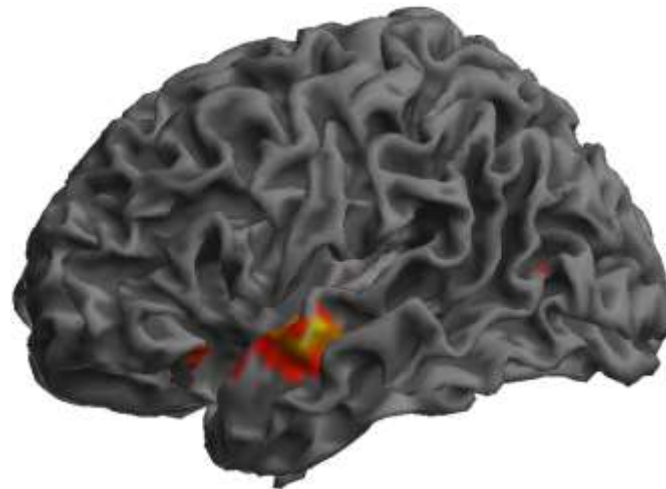
Own study

- > Is it possible to enhance sleep-dependent memory consolidation?
- > More refined tDCS protocol
- > Target the slow waves (and sleep spindles) with tDCS
- > Stimulation location based on functional connectivity data

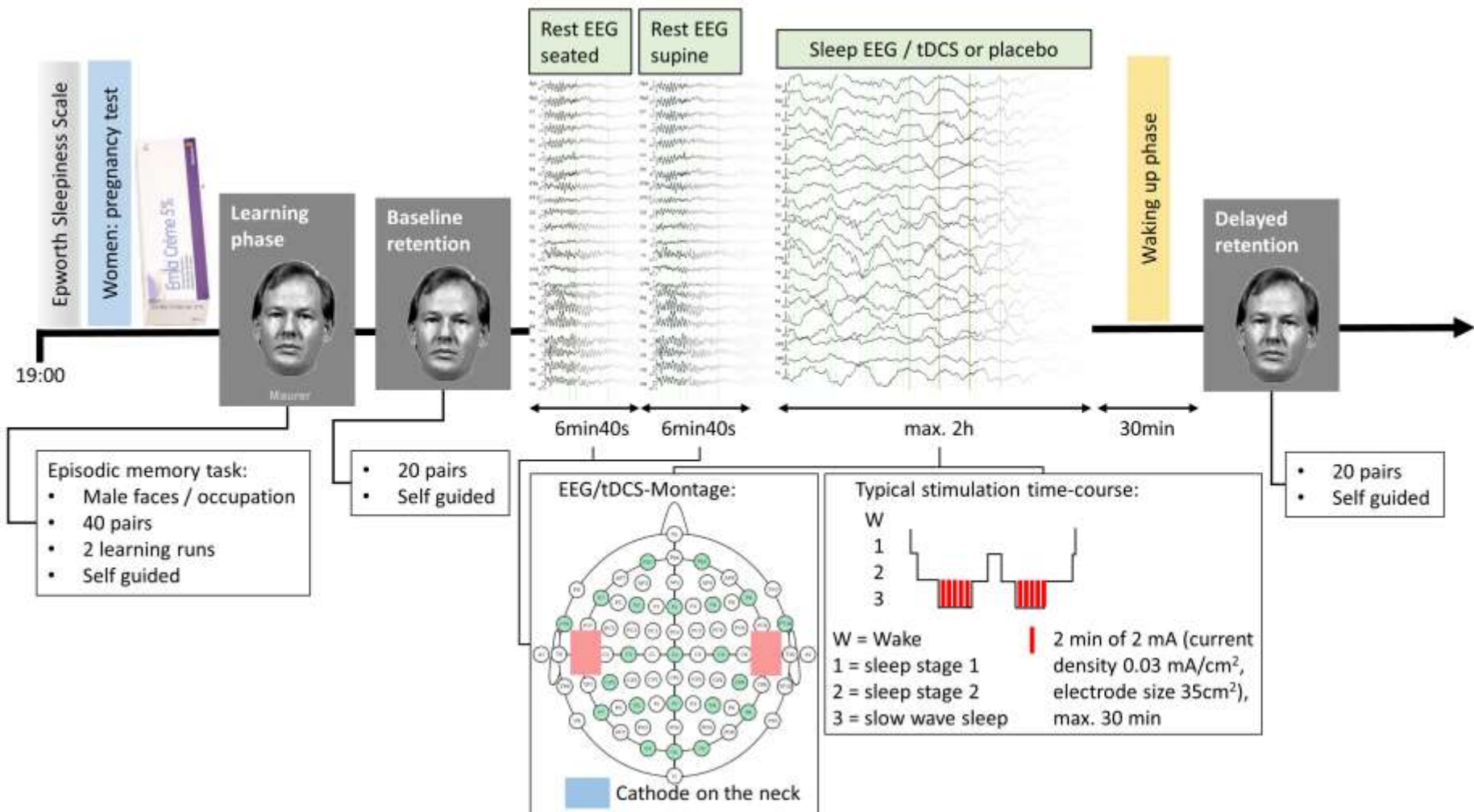
Functional connectivity of hippocampal area



$p < 0.0001$ (uncorr.)



Experimental procedure



Bilateral temporal anodal tDCS increases slow wave amplitudes

Effect of tDCS during S3 on memory consolidation:

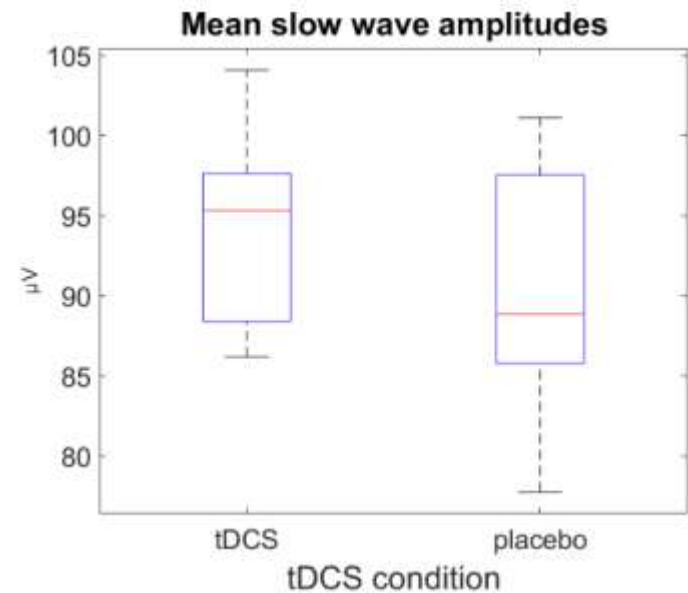
Partial Correlation of tDCS-dependent memory performance and real slow wave stimulation:

tDCS: $r = 0.89, p < 0.01$

Sham: $r = -0.22, p = 0.56$

→ The more slow waves are stimulated, the better the memory consolidation

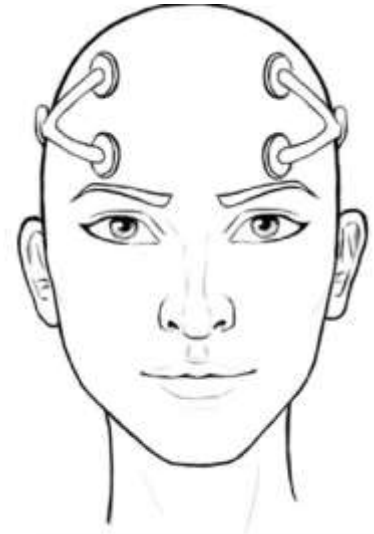
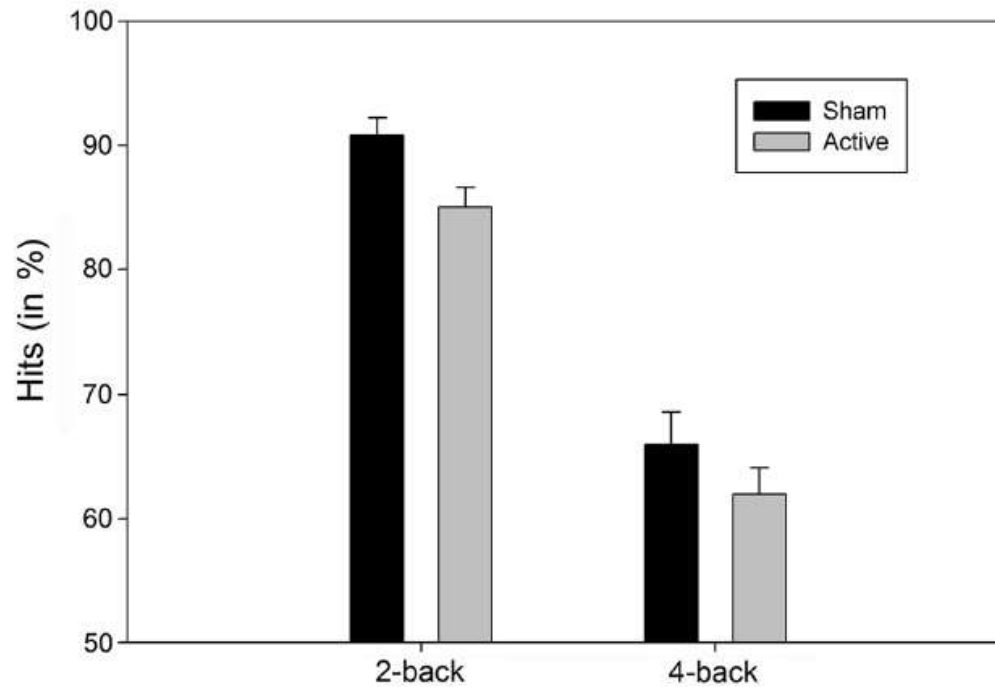
Effect of tDCS on slow wave amplitude:



Mean = 93.8 (SD = 5.7) **Mean = 90.4 (SD = 6.9)**

$T = 2.2, p < 0.05$

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Acknowledgment / Literature

University Hospital of Psychiatry:

- Thomas Dierks
- Yosuke Morishima
- Sarah Müller
- Stephanie Winkelbeiner

Department of Psychology:

- Katharina Henke
- Simon Ruch

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